

FROM : Garrison + Associates PS

FAX NO. : 2064417362

Jan. 03 2007 06:30PM P2

PART B - FEE(S) TRANSMITTAL

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20482 7590 10/06/2006

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| | |
|-----------------------|--------------------|
| Susan J. Hiles | (Depositor's name) |
| <i>Susan J. Hiles</i> | (Signature) |
| January 3, 2007 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/620,879 | 07/15/2003 | Hiroshi Akimoto | SCT105U | 8760 |

TITLE OF INVENTION: MOTION COMPENSATION METHOD FOR VIDEO SEQUENCE ENCODING IN LOW BIT RATE SYSTEMS

| APPL. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$0 | \$1000 | 01/08/2007 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| PATEL, KANJIBHAI R | 2624 | 382-309000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. DAVID L GARRISON
Garrison &
2. Associates PS
3. _____

3. ASSIGNER NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNER

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Institute of Super Compression
Technologies Kawasaki Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

David L Garrison

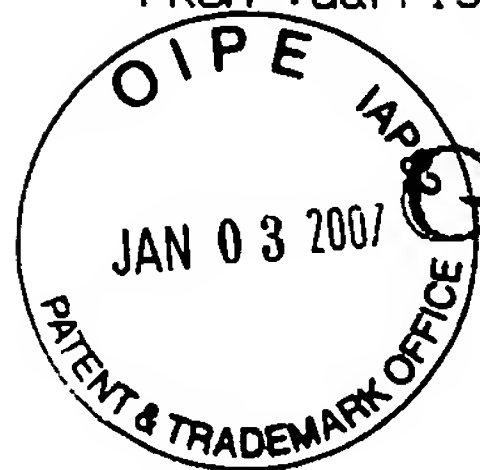
Date January 3, 2007

Typed or printed name David L. Garrison

Registration No. 24,298

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FACSIMILE TRANSMISSION COVER PAGE

To: Mail Stop Issue Fee
Of: USPTO
FAX No.: (571) 273-2885
CODE: 751
From: David L. Garrison *DLG*
Date: January 3, 2007
Serial No.: 10/620,879
Filed: July 15, 2003

Our Ref. No.: SCT105UTotal Number of Pages, Including This Cover Page: 3MESSAGE: Issue Fee Payment.

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